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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

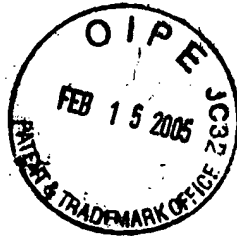
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11/29/2004

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02/16/2005 SSITHB2 00000067 181850 10013084

01 FC:1501 1400.00 DA  
 02 FC:1504 300.00 DA  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Deanna M. Rivernider

(Depositor's name)

(Signature)

February 11, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/013,084	12/10/2001	Mindaugas F. Dautartas	ACT-173 (1117-11)	1473

TITLE OF INVENTION: OPTICAL DEVICE PACKAGE FOR FLIP-CHIP MOUNTING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	02/28/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
PETKOVSEK, DANIEL J	2874	385-092000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Jonathan D. Baskin

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Shipley Company, L.L.C.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Marlborough, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number 18-1850 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

February 11, 2005

Typed or printed name

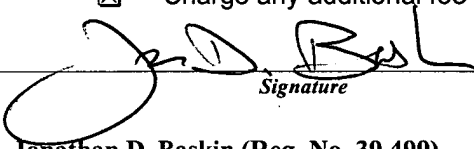
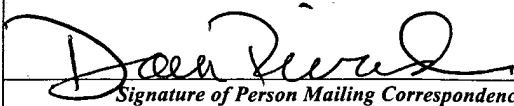
Jonathan D. Baskin

Registration No.

39,499

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 14 Alexandria, Virginia 22313-1450.

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<b>TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity)</b> (37 C.F.R. 1.311)				Docket No. <b>51959 (ACT-173)</b>	
Applicant(s): Dautartas et al.					
Serial No.	Filing Date	Examiner	Group Art Unit	Confirmation No.	
10/013,084	12/10/2001	Daniel J. Petkovsek	2874	1473	
Invention: <b>OPTICAL DEVICE PACKAGE FOR FLIP-CHIP MOUNTING</b>					
<b>Mail Stop Issue Fee</b> <b>TO THE COMMISSIONER FOR PATENTS</b> <b>P.O. Box 1450</b> <b>Alexandria, VA 22313-1450</b>					
Transmitted herewith are the following for the above-identified application.					
<input checked="" type="checkbox"/> Issue Fee Transmittal Form PTOL-85					
<input checked="" type="checkbox"/> Utility Fee: <u>\$1,400.00</u> <input type="checkbox"/> Design Fee: _____ <input type="checkbox"/> Plant Fee: _____					
<input checked="" type="checkbox"/> Publication Fee: <u>\$ 300.00</u>					
<input type="checkbox"/> A check in the amount of _____ is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <b>18-1850</b> as described below.					
<input checked="" type="checkbox"/> Charge the amount of <b>\$1,730.00</b>					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional fee required.					
 Signature			Dated: <u>February 11, 2005</u>		
<b>Jonathan D. Baskin (Reg. No. 39,499)</b> <b>EDWARDS &amp; ANGELL, LLP</b> <b>P.O. Box 55874</b> <b>Boston, MA 02205</b> <b>(508) 787-4766</b>					
CC:					
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I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States and Trademark Office (Fax _____) on _____ Date _____			I certify that this document and fee is being deposited with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		
_____ Signature			 Signature of Person Mailing Correspondence		
_____ Typed or Printed Name of Person Signing Certificate			<b>Deanna M. Rivernider</b> Typed or Printed Name of Person Mailing Correspondence		